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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		NEY DOCKET NO.	CONFIRMATION NO.		
10/541,846	05/15/2006		Hajo Rieck	<del></del>			P28202	6757		
TITLE OF INVENTION THE PANEL OF A SHE	V: METHOD FOR FIXI SET METAL COVER	NG THE POSITION	OF A PULL-TAB WIT	ΉΑ:	STEEP ANTI RO	TATIO	N DEVICE FORME	D FROM		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1440	\$300		\$0	L	\$1740	03/26/2008		
EXAM	INER	ART UNIT	CLASS-SUBCLASS	3						
WOLFE, DEBRA M		3725	072-379200							
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Change of corresp Address form PTO/SI	or agents OR, alter	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,								
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BALL PACKAGING EUROPE GmbH Ratingen, Germany										
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	tus (from status indicated s SMALL ENTITY statu									
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Authorized Signature	Juli	Karli			Date	3/	26/08			
Typed or printed name	James L. Ro	wland			Registration No	o. <u> </u>	32,674			
This collection of information application. Confident ubmitting the completed his form and/or suggestion 1450, Alexandria, Valexandria, Virginia 223 Under the Paperwork Rec	application form to the ons for reducing this bur irginia 22313-1450. DO 13-1450.	USPTO. Time will va den, should be sent to NOT SEND FEES OF	ry depending upon the in the Chief Information On COMPLETED FORM	ndivid fficer, S TO	fual case. Any cor U.S. Patent and T THIS ADDRESS.	nnutes to mments of Frademai . SEND	on the amount of times of the complete, including the commissioner for t	by the USPTO to process) gathering, preparing, and e you require to complete truent of Commerce, P.O. or Patents, P.O. Box 1450, number.		

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7055 7:	590 12/26	/2007	h	ave its own certificat	e of maili	ing or transmission.	3,		
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							(Signature)		
							(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR.	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/541,846	05/15/2006		Hajo Rieck			P28202	6757		
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nonprovisional	NO	\$1440	\$300	\$0		\$1740	03/26/2008		
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS						
WOLFE, DEI	BRA M	3725	072-379200	<del></del>					
1. Change of correspondence CFR 1.363).	e address or indication	n of "Fee Address" (37	2. For printing on the			, CDEENDI	IIM C DEDNOMETN		
Change of correspond Address form PTO/SB/1	dence address (or Cha	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address"	Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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